

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 189

STATE FILE NUMBER 63-043051

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PEMISCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN STEELE	
Length of stay in 1b 1 DAY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE #3	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JAMES Middle HARDIN Last SHUBERT		4. DATE OF DEATH Month NOVEMBER Day 18 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-14-21
9. AGE (last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) Pen Hook, Tennessee		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ERVE SHUBERT		13b. MOTHER'S MAIDEN NAME FLORENCE RAINEY	
14. NAME OF HUSBAND OR WIFE ARLIE SHUBERT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) YES WWII		16. SOCIAL SECURITY NO. 1	
17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERITONITIS			INTERVAL BETWEEN ONSET AND DEATH ---
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MESENTERIC THROMBOSIS 5702			---
DUE TO (c) MITRAL STENOSIS 410			---
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:10 a.m. p.m.	Month, Day, Year 11-18-63		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION VA Hospital, Poplar Bluff, Mo.	COUNTY Steele STATE Missouri
21. I attended the deceased from 11-18-63 to 11-18-63 and last saw him alive on 11-18-63 Death occurred at 5:10 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) FRED CALDWELL, M.D., Acting Pathologist	
22b. ADDRESS VA Hospital, Poplar Bluff, Mo.		22c. DATE SIGNED 11-18-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-19-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion	23d. LOCATION (City, town, or country) (State) Steele, Missouri
24. FUNERAL DIRECTOR German Funeral Home		25. DATE RECD. BY LOCAL REG. 11-21-1963	26. REGISTRAR'S SIGNATURE Thelma Graham

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK -
OR
TYPEWRITER RIBBON

MISSOURI

MISSOURI

DEC 4 1963

ROUTE

DAY

POPULAR BLUFF

STEELE

VA HOSPITAL

ROUTE W3

JAMES

SHUBERT

HARDIN

NOVEMBER 17, 1963

X

WHITE

MALE

8-14-21

42

U. S. A.

Pen Hook, Tennessee

FARMING

FARMING

ARLIE SHUBERT

FLORENCE RAINIER

ERNE SHUBERT

VA HOSPITAL RECORDS, POPULAR BLUFF, MO.

PERITONITIS

STATEMENT BY LICENSED EMBALMER

MESENTERIC THROMBOSIS

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address Steele, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.